

		FOR OFF USE					

LL1

2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0044362</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER															
Facility Name: <u>Resurrection Nsg & Rehab Ctr</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2004</u> to <u>06/30/2005</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.															
Address: <u>1001 North Greenwood Avenue</u> <u>Park Ridge</u> <u>60068</u> Number City Zip Code		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.															
County: <u>Cook</u>																	
Telephone Number: <u>(847) 6925600</u> Fax # <u>(847) 692-2305</u>																	
IDPA ID Number: <u>362235165003</u>																	
Date of Initial License for Current Owners: <u>05/01/1980</u>																	
Type of Ownership:																	
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT																	
<input checked="" type="checkbox"/> Charitable Corp.																	
<input type="checkbox"/> Trust																	
IRS Exemption Code <u>501 (c)(3)</u>																	
<input type="checkbox"/> PROPRIETARY																	
<input type="checkbox"/> Individual																	
<input type="checkbox"/> Partnership																	
<input type="checkbox"/> Corporation																	
<input type="checkbox"/> "Sub-S" Corp.																	
<input type="checkbox"/> Limited Liability Co.																	
<input type="checkbox"/> Trust																	
<input type="checkbox"/> Other																	
<input type="checkbox"/> GOVERNMENTAL																	
<input type="checkbox"/> State																	
<input type="checkbox"/> County																	
<input type="checkbox"/> Other																	
In the event there are further questions about this report, please contact Name: <u>Christine A. Hanover</u> Telephone Number: <u>(312) 384-6000</u> Please send copies of desk review and audit adjustments to address on this page		<table border="1"> <tr> <td rowspan="2"> Officer or Administrator of Provider </td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td rowspan="2"> Paid Preparer </td> <td>(Type or Print Name) _____</td> </tr> <tr> <td>(Title) _____</td> </tr> <tr> <td rowspan="5"> SEE ACCOUNTANTS' COMPILATION REPORT </td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u></td> </tr> <tr> <td>(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u></td> </tr> <tr> <td colspan="2"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </td> </tr> </table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) _____	(Title) _____	SEE ACCOUNTANTS' COMPILATION REPORT	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>	(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>	MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
Officer or Administrator of Provider	(Signed) _____																
	(Date) _____																
Paid Preparer	(Type or Print Name) _____																
	(Title) _____																
SEE ACCOUNTANTS' COMPILATION REPORT	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>																
	(Date) _____																
	(Print Name and Title) _____																
	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLI</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>																
	(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>																
MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																	

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Resurrection Nsg & Rehab Ctr# 0044362 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>298</u>	Skilled (SNF)	<u>298</u>	<u>108,770</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>298</u>	TOTALS	<u>298</u>	<u>108,770</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>5,391</u>	<u>6,789</u>	<u>23,340</u>	<u>35,520</u>	8
9	SNF/PED					9
10	ICF	<u>38,839</u>	<u>21,193</u>	<u>93</u>	<u>60,125</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,230</u>	<u>27,982</u>	<u>23,433</u>	<u>95,645</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 87.93%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been
eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒NO ☐

I. On what date did you start providing long term care at this location

Date started 02/01/1980

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 02/01/1980NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 78 and days of care provided 22,326Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year YES ☒ NO ☐Tax Year: 06/30/2005 Fiscal Year: 06/30/2005

* All facilities other than governmental must report on the accrual basis

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Resurrection Nsg & Rehab Ctr # 0044362 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	595,024	53,310		648,334		648,334		648,334		1
2	Food Purchase		564,081		564,081		564,081	(2,473)	561,608		2
3	Housekeeping	348,066	40,176		388,242		388,242		388,242		3
4	Laundry	210,721	60,571		271,292		271,292	(30,011)	241,281		4
5	Heat and Other Utilities			345,184	345,184		345,184		345,184		5
6	Maintenance	107,841	28,737	126,701	263,279		263,279		263,279		6
7	Other (specify):*										7
8	TOTAL General Services	1,261,652	746,875	471,885	2,480,412		2,480,412	(32,484)	2,447,928		8
	B. Health Care and Programs										
9	Medical Director			18,876	18,876		18,876		18,876		9
10	Nursing and Medical Records	6,380,968	328,291	17,695	6,726,954		6,726,954	7,780	6,734,734		10
10a	Therapy	671,190	4,553	66,361	742,104		742,104		742,104		10a
11	Activities	237,102	10,297	15,566	262,965		262,965		262,965		11
12	Social Services	157,507	275	300	158,082		158,082		158,082		12
13	CNA Training										13
14	Program Transportation			454	454		454		454		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	7,446,767	343,416	119,252	7,909,435		7,909,435	7,780	7,917,215		16
	C. General Administration										
17	Administrative	104,741		1,300,085	1,404,826		1,404,826	(1,300,085)	104,741		17
18	Directors Fees										18
19	Professional Services										19
20	Dues, Fees, Subscriptions & Promotion			13,751	13,751		13,751		13,751		20
21	Clerical & General Office Expense	298,347	98,773	66,045	463,165		463,165	825,633	1,288,798		21
22	Employee Benefits & Payroll Taxes			2,818,515	2,818,515		2,818,515	66,993	2,885,508		22
23	Inservice Training & Education										23
24	Travel and Seminars			6,675	6,675		6,675		6,675		24
25	Other Admin. Staff Transportation			2,114	2,114		2,114		2,114		25
26	Insurance-Prop.Liab.Malpractice			651,050	651,050		651,050		651,050		26
27	Other (specify):*										27
28	TOTAL General Administration	403,088	98,773	4,858,235	5,360,096		5,360,096	(407,459)	4,952,637		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,111,507	1,189,064	5,449,372	15,749,943		15,749,943	(432,163)	15,317,780		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number

Resurrection Nsg & Rehab Ctr

#0044362

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			586,769	586,769		586,769	117,334	704,103			30
31	Amortization of Pre-Op. & Org											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicle			79,737	79,737		79,737		79,737			35
36	Other (specify): ^a											36
37	TOTAL Ownership			666,506	666,506		666,506	117,334	783,840			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Center:		1,894,311	62,877	1,957,188		1,957,188		1,957,188			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shop:											41
42	Provider Participation Fee			163,155	163,155		163,155		163,155			42
43	Other (specify): ^a Nonallowable Cost			751	751		751	(751)				43
44	TOTAL Special Cost Centers		1,894,311	226,783	2,121,094		2,121,094	(751)	2,120,343			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,111,507	3,083,375	6,342,661	18,537,543		18,537,543	(315,580)	18,221,963			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See Schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Program				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Room				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patient				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(555)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refund				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transaction				15
16	Personal Expenses (Including Transportation				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainer				22
23	Malpractice Insurance for Individual				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotiona	(751)	43		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax				27
28	CNA Training for Non-Employee				28
29	Yellow Page Advertising				29
29	Other-Attach Schedule See PG5A	(37,240)	var		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (38,546)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule	\$		31
32	Donated Goods-Attach Schedule			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(277,034)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (277,034)		36
37	(sum of SUBTOTALS (A) and (B))	\$ (315,580)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport		x	\$		38
39						39
40	Gift and Coffee Shop		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Nsg & Rehab Ctr

ID# 0044362

Report Period Beginning: 07/01/2004

Ending: 06/30/2005

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Offset laundry revenue	\$ (30,011)	4	1
2	Offset meal revenue	(2,473)	2	2
3	Offset miscellaneous revenue	(4,756)	10	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(37,240)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,473)	0	0	0	0	0	0	0	0	0	0	(2,473)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(30,011)	0	0	0	0	0	0	0	0	0	0	(30,011)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(32,484)	0	0	0	0	0	0	0	0	0	0	(32,484)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(4,756)	12,536	0	0	0	0	0	0	0	0	0	7,780	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(4,756)	12,536	0	0	0	0	0	0	0	0	0	7,780	16
	C. General Administration													
17	Administrative	0	(1,300,085)	0	0	0	0	0	0	0	0	0	(1,300,085)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	825,633	0	0	0	0	0	0	0	0	0	825,633	21
22	Employee Benefits & Payroll Taxes	0	66,993	0	0	0	0	0	0	0	0	0	66,993	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	0	(407,459)	0	0	0	0	0	0	0	0	0	(407,459)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(37,240)	(394,923)	0	0	0	0	0	0	0	0	0	(432,163)	29

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362

Report Period Beginning: 07/01/2004 Ending: 06/30/2005

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Resurrection Health Care	100	See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V	10	Nursing supplies	\$	Resurrection Health Care	100.00%	\$ 12,536	\$ 12,536	1
2	V	17	Management fees	1,300,085	Resurrection Health Care	100.00%		(1,300,085)	2
3	V	21	Other administrative service		Resurrection Health Care	100.00%	444,136	444,136	3
4	V	21	Clerical & data processing svcs.		Resurrection Health Care	100.00%	381,497	381,497	4
5	V	22	Employee benefits		Resurrection Health Care	100.00%	66,993	66,993	5
6	V	30	Depreciation		Resurrection Health Care	100.00%	117,889	117,889	6
7	V	39	Intercompany pharmacy	1,819,558	Resurrection Health Care	100.00%	1,819,558		7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 3,119,643			\$ 2,842,609	\$ * (277,034)	14

* Total must agree with the amount recorded on line 34 of Schedule V1

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nsg & Rehab Ctr # 0044362 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2	See attached page 7A										2
3											3
4											4
5											5
6	Sister Elizabeth Trembczynsk	Director	Board of Directors	0.00	107,120	1	2.00	N/A	N/A	N/A	6
7											7
8	Sister Elizabeth Trembczynski is administrator of Holy Family Nursing and Rehab Center, a related entit										8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nsg & Rehab Ctr# 0044362Report Period Beginning: 07/01/2004Ending: 6/30/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Resurrection Health Care/Medical Center
 Street Address 7435 W. Talcott
 City / State / Zip Code Chicago, IL 60631
 Phone Number (773) 774-8000
 Fax Number (773) 594-7488

B. Show the allocation of costs below. If necessary, please attach worksheets

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	10 Nursing supplies				\$	\$		\$ 12,536	1
2	21 Other administrative service							444,136	2
3	21 Clerical & date processing svcs.							381,497	3
4	22 Employee benefits							66,993	4
5	30 Depreciation							117,889	5
6	39 Intercompany pharmacy							1,819,558	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 2,842,609	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO				Original	Balance			
	A. Directly Facility Related										
	Long-Term										
1							\$	\$			\$
2	This page not applicable										
3											
4											
5											
	Working Capital										
6											
7											
8											
9	TOTAL Facility Related						\$	\$		\$	
	B. Non-Facility Related*										
10											
11											
12											
13											
14	TOTAL Non-Facility Related						\$	\$		\$	
15	TOTALS (line 9+line14)						\$	\$		\$	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

1. Real Estate Tax accrual used on 2004 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.			
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru		\$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2000	8
	2001	9
	2002	10
	2003	11
	2004	12

The facility is a not-for-profit entity and does not pay real estate tax.

		FOR OHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. **This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Resurrection Nsg & Rehab Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0044362

CONTACT PERSON REGARDING THIS REPORT Lou Fragoso

TELEPHONE (773) 594-8556 FAX #: (773) 594-8567

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>NA</u>	<u></u>	\$ <u></u>	\$ <u></u>
2.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
		TOTALS	\$ <u></u>	\$ <u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? NA YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362 Report Period Beginning:

07/01/2004 Ending:

06/30/2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 99,460 B. General Construction Type: Exterior Brick & Block Frame Steel Number of Stories 3 + groundC. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization ☒ (c) Rent equipment from Completely Unrelated Organization

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc). List entity name, type of business, square footage, and number of beds/units available (where applicable)

NoneF. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

(Attach a complete schedule detailing the total amount of organization and pre-operating costs)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Resident care &</u>	<u>126,500</u>	<u>1983</u>	<u>\$ 580,293</u>	<u>1</u>
2	<u>Parking area</u>				<u>2</u>
3	TOTALS	<u>126,500</u>		<u>\$ 580,293</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362

Report Period Beginning:

07/01/2004 Ending: 06/30/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	298		1976	\$ 6,276,546	\$ 209,278	30	\$ 209,278		\$ 4,603,910
5			1976	1,733,006					1,733,006
6									
7									
8									
Improvement Type**									
9	Various		1981	3,549		20			3,549
10	Various		1983	35,281		20			35,281
11	Various		1985	3,892		20			3,892
12	Various		1986	14,629		20	740	740	14,629
13	Various		1987	41,215		20	2,061	2,061	39,159
14	Various		1988	40,512		20	2,026	2,026	36,468
15	Various		1989	190,627		20	9,531	9,531	162,027
16	Various		1990	171,816		20	8,591	8,591	137,456
17	Various		1991	60,020		20	3,001	3,001	45,015
18	Various		1992	107,965		20	5,398	5,398	75,572
19	Various		1993	105,120		20	5,256	5,256	68,328
20	Various		1994	259,632		20	12,982	12,982	155,784
21	Various		1995	630,342		20	31,517	31,517	346,687
22	Various		1996	105,335		20	5,267	5,267	68,299
23	Various		1997	1,130,243		20	56,512	56,512	693,027
24	Various		1998	68,801		20	3,440	3,440	35,313
25	Various		1999	228,020		20	11,401	11,401	80,463
26	Various		2000	37,589		20	1,879	1,879	12,195
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362

Report Period Beginning:

07/01/2004 Ending: 06/30/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

	1 Improvement Type**	2 Year Constructed	3 Cost	4 Current Book Depreciation	5 Life in Years	6 Straight Line Depreciation	7 Adjustments	8 Accumulated Depreciation	9
37	POWER SMOKE DAMPER	2001	\$ 1,850	\$	20	\$ 93	\$ 93	\$ 465	37
38	ELECTRICAL-REWIRING	2001	27,267		20	1,363	1,363	6,817	38
39	NEW PVI FOR BOILER	2001	16,985		20	849	849	4,247	39
40	GAS VENT LINE FOR BOILER	2001	1,374		20	69	69	345	40
41	REPLACE COMPRESSOR FOR FREEZER	2001	1,061		20	53	53	265	41
42	INSTALL BACK FLOW DEVICE FOR TUB	2001	985		20	49	49	247	42
43	BOILER SYSTEM REPAIR	2001	886		20	44	44	222	43
44	CODE ALERT SYSTEM / INSTALLATION	2001	3,000		20	150	150	750	44
45	CODE ALERT BANDS	2001	1,263		20	61	61	313	45
46	LANDSCAPE UPGRADE	2001	3,525		20	176	176	882	46
47	WALLPAPERING	2001	930		20	47	47	235	47
48	SHOWER BASES REPAIR	2001	16,283		20	814	814	4,072	48
49	TUBING IN CHILLER R&M	2001	2,681		20	134	134	670	49
50	DEFROST CLOCK IN COOLER R&M	2001	1,532		20	77	77	385	50
51	ALARM SYSTEM R&M	2001	579		20	29	29	145	51
52	PIPE REPAIR R&M	2001	650		20	33	33	132	52
53	REPLACE TILE R&M	2002	535		20	27	27	108	53
54	BOILER REPAIR R&M	2002	2,394		20	120	120	480	54
55	Water pipe	2002	1,300		20	65	65	260	55
56	Hot water tank	2002	17,950		20	898	898	3,592	56
57	Groundcover	2002	2,850		20	143	143	572	57
58	Window treatment	2002	1,209		20	60	60	240	58
59	Freezer door	2002	6,900		20	345	345	1,380	59
60	Mixing valve	2002	5,480		20	274	274	1,096	60
61	Flooring & carpeting	2002	29,982		20	1,499	1,499	5,996	61
62	Boiler	2002	17,218		20	861	861	3,444	62
63	Hot water pumping	2002	3,740		20	187	187	748	63
64	Disposal replacement	2002	3,251		20	163	163	652	64
65	SEWAGE EJECTOR & PUMP	2002	4,454		20	223	223	557	65
66	SIGNS REPLACEMENT	2002	2,703		20	135	135	338	66
67	SIDEWALKS	2002	12,901		20	645	645	1,613	67
68	WATER PRESSURE CONROL	2002	2,852		20	143	143	357	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,440,710	\$ 209,278		\$ 378,709	\$ 169,431	\$ 8,391,685	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,440,710	\$ 209,278		\$ 378,709	\$ 169,431	\$ 8,391,685	1
2	AUTOMATIC DOORS KEYPAD	2002	722		20	36	36	90	2
3	REPLACE TILES	2002	694		20	35	35	87	3
4	3 GALLON SYSTEM MICRO SW	2003	2,946		20	147	147	368	4
5	STEAMER MAINT.	2003	1,886		20	94	94	235	5
6	WATER SOFTENER	2003	1,042		20	52	52	130	6
7	REPL EMERG GENERATOR	2003	12,800		20	640	640	1,600	7
8	REPL EMERG GENERATOR	2003	52,200		20	2,610	2,610	6,525	8
9	VALVE IN BOILER ROOD	2003	2,518		20	126	126	315	9
10	GRAB BARS FOR 3RD FLOOR	2003	1,148		20	57	57	143	10
11	CEILING REPAIR	2003	6,735		20	337	337	842	11
12	INSTALL COUNTER TOPS	2003	24,000		20	1,200	1,200	3,000	12
13	KRONOS TIME KEEPER	2003	24,765		20	1,238	1,238	3,095	13
14	LIGHTING DESIGN - PT ROOMS	2003	975		20	49	49	122	14
15	REPL EMERG GENERATOR	2003	54,750		20	2,738	2,738	6,845	15
16	POWER BRUSH CHILLER	2003	675		20	34	34	85	16
17									17
18	Disposer In-Sinkerator sinkmoun	2003	1,672	167	10	167		251	18
19	Wall carpet for 1,2,3 FL. Nurse Stations	2003	9,783	1,956	5	1,956		2,934	19
20	Serv Work - install disposa	2003	431	44	10	44		66	20
21	Furnish & install half door - 2nd FL	2003	650	44	15	44		66	21
22	Furnish & install dutch door - 3rd FL	2003	900	60	15	60		90	22
23	Repair hot water line under floor	2003	1,745	116	15	116		174	23
24	Final pmt for 2nd & 3rd FL nurses stations	2003	16,735	1,116	15	1,116		1,674	24
25	Evaporator coil & capillary assembly	2003	1,453	290	5	290		435	25
26	Repairs on 10 lb. washer	2003	2,850	570	5	570		855	26
27	5 hp motor, 7.5 hp motor sleeve kits & hardware	2004	4,109	822	5	822		1,233	27
28	Base 3/4 water valve and install labor charg	2004	1,300	86	15	86		129	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,670,194	\$ 214,549		\$ 393,373	\$ 178,824	\$ 8,423,074	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,670,194	\$ 214,549		\$ 393,373	\$ 178,824	\$ 8,423,074	1
2	Seal coating, restriping, pot holes	2005	5,580	349	8	349		349	2
3	Diamond Tread plate floor, install/cutting	2005	2,200	110	10	110		110	3
4	Generator	2005	9,227	577	8	577		577	4
5	Automatic Doors	2005	7,072	84	7	84		84	5
6	Skilled wing renovation	2005	1,877	10	15	10		10	6
7	Flooring on elevator	2005	4,480	37	10	37		37	7
8	Skilled wing renovation	2005	995	8	10	8		8	8
9	Water Booster	2005	2,509	26	8	26		26	9
10	Makeup air system-west hallway	2005	13,122	137	8	137		137	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	Management Allocation					117,889	117,889		31
32	Financial Statement Depreciation								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,717,256	\$ 215,887		\$ 512,600	\$ 296,713	\$ 8,424,412	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number: Resurrection Nsg & Rehab Ct

0044362

Report Period Beginning:

07/01/2004

Ending:

06/30/2005

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instruction

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component/ Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,239,226	\$ 368,529	\$ 189,705	\$ (178,824)	5-10	\$ 2,535,622	71
72	Current Year Purchases	76,926	769	769		3-15	769	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 2,316,152	\$ 369,298	\$ 190,474	\$ (178,824)		\$ 2,536,391	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Maintenance	Ford Truck	2002	\$ 26,878	\$ 1,029	\$ 1,029		5	\$ 3,087	76
77										77
78										78
79										79
80	TOTALS			\$ 26,878	\$ 1,029	\$ 1,029			\$ 3,087	80

E. Summary of Care-Related Asset

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,640,579	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 586,214	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 704,103	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 117,889	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,963,890	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Chapel - Various - 2002	\$ 18,534	\$ 18,534		86
87	Sinks for beauty shop 2002	8,659	433	1,735	87
88	Prov Serv Asst Living - 2002	897	90	270	88
89	Prov Serv Asst Living - 2003	478	32	96	89
90					90
91	TOTALS	\$ 28,568	\$ 555	\$ 20,635	91

G. Construction-in-Progres

	Description	Cost	
92	NA		92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

SEE ACCOUNTANTS' COMPILATION REPORT

** This must agree with Schedule V line 30, column f

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		<u>N/A</u>		\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 79,737 Description: Copiers - \$10,255; Document Shredder - \$1,145; Medical Eqpt. - \$48,463; Dietary Eqpt. - \$19,874
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			<u>N/A</u>		18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2006 \$

13. /2007 \$

14. /2008 \$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nsg & Rehab Ctr # 0044362 Report Period Beginning: 07/01/2004 Ending: 06/30/2005**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS** (See instructions.)**A. TYPE OF TRAINING PROGRAM** (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO It is the policy of this facility to only hire certified nurses aides If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER CNA _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER CNA _____
---	--	---

B. EXPENSES**ALLOCATION OF COSTS (d)**

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wage (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

(a) Include wages paid during the classroom portion of training. Do not include fringe benefit.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefit.

(c) For in-house training programs only. Do not include fringe benefit.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities:

\$ _____

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10A(1)	11229	hrs	\$ 292,502		\$		11,229	\$ 292,502	1
2	Licensed Speech and Language Development Therapist	10A(1,3)	2074	hrs	54,149			1,294	2,074	55,443	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10A(1,2,3)	10561	hrs	324,539	1,543	66,361	3,259	12,104	394,159	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39(2)		# of prescripts				1,819,558		1,819,558	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							
10				hrs							10
11	Academic Education			hrs							11
12	Exceptional Care Program										12
13	Other (specify): See Sch. 16A	39(2)					62,877	74,753		137,630	13
14	TOTAL				\$ 671,190	1,543	\$ 129,238	\$ 1,898,864	25,407	\$ 2,699,292	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Nsg & Rehab Ctr

Provider #: 0044362

07/01/2004 to 06/30/2005

Schedule16A

XIV. Special Services

Line 13 - Other

Service	Line Ref	Outside Practitioner		Supplies
		Units	Costs	
CHRG - Outside Services	39(3)		62,877	
DME - Medical & Supplies	39(2)			4,656
DME - Oxygen & Gas	39(2)			70,097
TOTAL		-	62,877	74,753

STATE OF ILLINOIS

Page 17

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362

Report Period Beginning: 07/01/2004

Ending:

06/30/2005

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2005

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,425	\$ 1,425	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 1,764,216)	2,945,136	2,945,136	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	188,717	188,717	5
6	Prepaid Insurance	7,789	7,789	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	657,047	657,047	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,800,114	\$ 3,800,114	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	580,293	580,293	13
14	Buildings, at Historical Cost	10,110,986	8,009,552	14
15	Leasehold Improvements, at Historical Cost	273,068	3,707,704	15
16	Equipment, at Historical Cost	4,925,990	2,343,030	16
17	Accumulated Depreciation (book methods)	(11,242,743)	(10,963,890)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): General investments	30,812,351	30,812,351	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 35,459,945	\$ 34,489,040	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 39,260,059	\$ 38,289,154	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 100,213	\$ 100,213	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other Current Liabilities	340,225	340,225	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 440,438	\$ 440,438	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 440,438	\$ 440,438	46
47	TOTAL EQUITY (page 18, line 24)	\$ 38,819,621	\$ 37,848,716	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 39,260,059	\$ 38,289,154	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 37,381,384	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 37,381,384	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,438,241	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Rounding	(4)	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,438,237	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 38,819,621	24 *

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 19

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362

Report Period Beginning: 07/01/2004

Ending: 06/30/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached**Note: This schedule should show gross revenue and expenses. Do not net revenue against expenses.**

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,255,900	1
2	Discounts and Allowances for all Levels	(6,827,614)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,428,286	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,374,536	6
7	Oxygen	119	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,374,655	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursement		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	46,510	13
14	Non-Patient Meals	2,473	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,100,631	17
18	Sale of Supplies to Non-Patient		18
19	Laboratory		19
20	Radiology and X-Ray	26,949	20
21	Other Medical Services	516,759	21
22	Laundry	30,011	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,723,333	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income**	1,441,971	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,441,971	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Sch 19A</u>	7,539	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,539	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,975,784	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	2,480,412	31
32	Health Care	7,909,435	32
33	General Administration	5,360,096	33
B. Capital Expense			
34	Ownership	666,506	34
C. Ancillary Expense			
35	Special Cost Centers	1,957,939	35
36	Provider Participation Fee	163,155	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,537,543	40
41	Income before Income Taxes (line 30 minus line 40)**	1,438,241	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,438,241	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Resurrection Nsg & Rehab Ctr

Provider #: 0044362

07/01/2004 to 06/30/2005

Schedule 19A

XVII. A. Income Statement

Line 28 - Other Revenue

Description	Amount
Other Nursing Revenue	3,745
Miscellaneous Revenue	1,011
Vending Commission	2,783
TOTAL	<u>7,539</u>

Facility Name & ID Number **Resurrection Nsg & Rehab Ctr**

0044362

Report Period Beginning: 07/01/2004

Ending:

06/30/2005

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,568	2,009	\$ 78,569	\$ 39.11	1
2	Assistant Director of Nursing	1,883	2,075	65,238	31.44	2
3	Registered Nurses	67,336	76,902	2,396,846	31.17	3
4	Licensed Practical Nurses	17,369	19,836	417,339	21.04	4
5	CNAs & Orderlies	199,595	221,986	2,849,098	12.83	5
6	CNA Trainees					6
7	Licensed Therapist	21,185	23,864	671,190	28.13	7
8	Rehab/Therapy Aides	2,914	3,031	35,356	11.66	8
9	Activity Director	1,686	1,894	40,997	21.65	9
10	Activity Assistants	11,771	13,154	196,105	14.91	10
11	Social Service Worker	7,408	8,178	157,507	19.26	11
12	Dietician	1,852	2,055	36,653	17.84	12
13	Food Service Supervisor	1,168	1,596	48,998	30.70	13
14	Head Cook	8,065	8,898	119,255	13.40	14
15	Cook Helpers/Assistants	37,141	40,081	390,118	9.73	15
16	Dishwashers					16
17	Maintenance Worker	5,789	6,864	107,841	15.71	17
18	Housekeepers	29,591	33,817	348,066	10.29	18
19	Laundry	19,313	21,606	210,721	9.75	19
20	Administrator	1,813	2,080	104,741	50.36	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,784	17,356	298,347	17.19	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,500	6,582	140,895	21.41	31
32	Other Health C: See Sch 20A	12,437	13,815	397,627	28.78	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	471,168	527,679	\$ 9,111,507 *	\$ 17.27	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	Monthly	18,876	L9, Col. 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Admin. Consult.	Monthly	2,050	L21, Col. 3	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 20,926		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	175	\$ 10,625	10(3)	50
51	Licensed Practical Nurses	172	7,070	10(3)	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	347	\$ 17,695		53

SEE ACCOUNTANTS' COMPILATION REPORT

Resurrection Nsg & Rehab Ctr

Provider #: 0044362

07/01/2004 to 06/30/2005

Schedule 20A

XVIII. A. Staffing & Salary Costs

Line 32 Other Health Care :

Description	Hours Worked	Hours Paid	Total Wages	Average Hourly Wage
Director - Rehab Services	1532	1780	77,139	43.34
Nursing Case Manager	1864	2080	72,174	34.70
Coord. Education	1878	2096	61,036	29.12
Phys. Med. Therapy Tech	1856	2096	32,477	15.49
MDS/Care Plan Coordinator	5307	5763	154,801	26.86
TOTAL	12437	13815	397,627	28.78

A. Administrative Salaries:			Ownership		D. Employee Benefits and Payroll Taxes:		F. Dues, Fees, Subscriptions and Promotions:	
Name	Function	%	Amount		Description	Amount	Description	Amount
Nikki Curth (7/1-10/31/04)	Administratortor	0	\$ 34,914		Workers' Compensation Insurance	\$ 126,803	IDPH License Fee	\$
Frances Lachowicz (11/1-6/30/05)	Administratortor	0	69,827		Unemployment Compensation Insurance	20,001	Advertising: Employee Recruitment	
					FICA Taxes	644,322	Health Care Worker Background Check	
					Employee Health Insurance	1,419,195	(Indicate # of checks performed)	
					Employee Meals		Life Services Network of Illinois dues	4,846
					Illinois Municipal Retirement Fund (IMRF)*		National Subscription Bureau	1,376
					Group Life & Disability	43,075	The Woodlawn	545
					Group Dental & Vision	50,776	Uniform Dues	2,575
					Retirement	482,166	Other Dues & Subscriptions	4,409
					Tuition Reimbursement	14,345		
					Employee Medical & Assistance	10,301	Less: Public Relations Expense	()
					Adoption & Other Benefits	7,531	Non-allowable advertising	()
					Management Allocation	66,993	Yellow page advertising	()
TOTAL (agree to Schedule V, line 17, col. 1)							TOTAL (agree to Sch. V,	\$ 13,751
(List each licensed administrator separately.)			\$ 104,741				line 20, col. 8)	
B. Administrative - Other					E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**	
Description			Amount		Description	Line #	Description	Amount
Management Fee - Resurrection Health Care			\$ 1,300,085				Out-of-State Travel	\$
(Total adjusted out on page 3, column 7)								
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,300,085				Seminar Expense	
(Attach a copy of any management service agreement)							See attached	6,675
C. Professional Services							Entertainment Expense	()
Vendor/Payee	Type		Amount				(agree to Sch. V,	
N/A							line 24, col. 8)	\$ 6,675
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL	\$		
(If total legal fees exceed \$2500 attach copy of invoices.)			\$					

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 6 7 8 9 10 11 12 13 Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2								N/A					
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Resurrection Nsg & Rehab Ctr

0044362

Report Period Beginning: 07/01/2004

Ending: 06/30/2005

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount Life Services Network - \$4,846
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V. 24,547 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 163,155
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule for an individual employee? No If YES, attach an explanation of the allocation

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services if the patient census listed on page 2, Section B No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these function
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ No Has any meal income been offset against related costs? Yes Indicate the amount \$ 2,473
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel N/A
If YES, attach a complete explanation
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? None
d. Have vehicle usage logs been maintained N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: KPMG LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit not yet complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fee

RECONCILIATION REPORT

04:24 PM 3/20/2006

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-315,580	equal to	-315,580	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	0	equal to	0	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	0	equal to	0	0	O.K.	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	704,103	equal to	704,103	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	79,737	equal to	79,737	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	671,190	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	742,104	equal to	742,104	0	O.K.	Pg16 Z12+Z14.	N/A/B	1-4;40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	1,898,864	equal to	1,898,864	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	2,480,412	equal to	2,480,412	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	7,909,435	equal to	7,909,435	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	5,360,096	equal to	5,360,096	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	666,506	equal to	666,506	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	1,957,939	equal to	1,957,939	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+i	N/A	38to41+43	4
Income Stat. Prov. Partic.	163,155	equal to	163,155	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	5,947,985	equal to	6,380,968	-432,983	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	671,190	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	237,102	equal to	237,102	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	157,507	equal to	157,507	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	595,024	equal to	595,024	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	107,841	equal to	107,841	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	348,066	equal to	348,066	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	210,721	equal to	210,721	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	104,741	equal to	104,741	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	298,347	equal to	298,347	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	9,111,507	equal to	9,111,507	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	0	< or = to	0	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	18,876	< or = to	18,876	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	17,695	< or = to	17,695	0	O.K.	Pg20 X14..X16+	B. & C.	17to39 and 50to6	2	Pg3 G19	N/A	10	3
Activity Consultant	0	< or = to	15,566	-15,566	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	0	< or = to	300	-300	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	104,741	equal to	104,741	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	1,300,085	equal to	1,300,085	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	0	equal to	0	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	2,885,508	equal to	2,885,508	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	13,751	equal to	13,751	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	6,675	equal to	6,675	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	163,155	equal to	163,155	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	No	< or = to	66,993	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	No	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	22,326	equal to	23,340	-1,014	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-277,034	equal to	-277,034	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4	B.	14	8
Total loan balance	0	equal to	0	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27.	N/A	29+39-41	2
Real estate tax accrual	0	equal to	0	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	580,293	equal to	580,293	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	11,717,256	equal to	11,717,256	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	2,343,030	equal to	2,343,030	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	10,963,890	equal to	10,963,890	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	38,819,621	equal to	38,819,621	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	1,438,241	equal to	1,438,241	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..1	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	39,260,059	equal to	39,260,059	0	O.K.	Pg17 H41		25	1	Pg17 S41	N/A	48	1

Resurrection Nsg & Rehab Ctr
IDPA Comparative Data - Per Resident Day Cost
Year Ending 06/30/2005

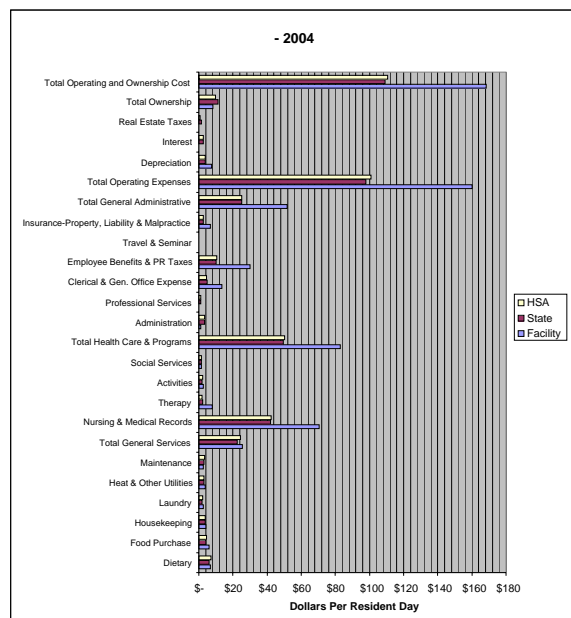
Enter your HSA # in next column
Census (Pulls from Page 2)

		Average Median Cost Per Day			2003															
Cost Report Line	Description	Your Facility	State	HSA																
1	Dietary	6.78	6.01	7.02																
2	Food Purchase	5.87	4.31	4.47																
3	Housekeeping	4.06	3.70	3.59																
4	Laundry	2.52	1.85	2.23																
5	Heat & Other Utilities	3.61	2.95	3.17																
6	Maintenance	2.75	3.01	3.26																
8	Total General Services	25.59	22.58	24.49	1	Dietary	6.01	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.50	7.02	5.70	4.13	9.81
10	Nursing & Medical Records	70.41	41.83	42.52	2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	4.11	3.36	6.04
10A	Therapy	7.76	2.10	1.86	3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	3.61	2.48	5.80
11	Activities	2.75	1.91	2.18	4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	2.13	0.91	3.14
12	Social Services	1.65	1.42	1.45	5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.95	2.05	4.25
16	Total Health Care & Programs	82.78	49.48	50.39	6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	2.82	1.92	5.12
17	Administration	3.36	3.20	3.33	8	TOTAL GENERAL SERVICES	21.87	24.49	22.99	21.14	22.99	21.47	22.45	22.45	22.45	22.45	24.49	21.71	31.51	
19	Professional Services	0.99	1.09	1.02	10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	37.78	45.12	45.12	45.12	47.22	42.52	42.52	17.25	64.47
21	Clerical & Gen. Office Expense	13.47	4.79	4.39	10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	2.24	-	10.55
22	Employee Benefits & PR Taxes	30.17	10.09	10.42	11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.54	-	1.06
24	Travel & Seminar	0.07	0.08	0.10	12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	1.27	0.58	3.00
26	Insurance-Premium, Liability & Malpractice	6.81	2.58	2.47	16	TOTAL HEALTH CARE & PROGRAMS	49.48	50.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	49.49	32.10	77.23
28	Total General Administrative	51.78	24.94	25.31	17	Administration	3.36	3.33	3.15	3.15	3.15	3.15	3.46	3.46	3.46	3.46	3.33	3.17	1.71	7.21
30	Total Operating Expenses	160.15	98.06	100.77	19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.77	0.07	3.44
30	Depreciation	3.70	3.82	3.82	21	Clerical & Gen. Office Expense	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.56	5.04	4.32	4.25	2.49	10.78
32	Interest	-	2.54	2.81	22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	9.08	6.33	19.94
33	Real Estate Taxes	-	1.38	0.92	24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	0.07	-	0.43
37	Total Ownership	8.20	11.11	9.73	26	Insurance-Premium, liability & Malpractice	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.19	2.47	2.61	0.88	4.32
	Total Operating and Ownership Cost	168.35	110.50		28	TOTAL GENERAL ADMINISTRATIVE	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	25.81	26.59	25.31	22.93	16.95	39.14
					29	TOTAL OPERATING EXPENSES	98.06	100.77	100.83	92.47	100.83	88.05	100.96	100.96	100.96	103.01	100.77	94.71	60.49	142.56
					30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	3.38	1.01	8.83
					31	Interest	2.54	2.81	2.98	1.96	2.98	1.40	4.09	4.09	4.09	2.83	2.81	2.49	-	11.43
					33	Real Estate Taxes	0.92	1.38	0.92	1.08	0.80	0.80	3.20	3.20	3.20	1.36	0.92	1.11	-	4.85
					37	TOTAL OWNERSHIP	11.11	9.73	9.80	8.00	9.80	7.40	14.54	14.54	14.54	11.02	9.73	8.39	3.76	23.58
						TOTAL OPERATING & OWNERSHIP CC	109.17	110.50	109.83	100.47	109.83	95.09	115.50	115.50	115.50	114.03	110.50	103.10	73.16	166.58

Notes:

Your Facility data is from page 3, column 8 of your 2005 Medicaid cost report, divided by your annual census.

The Average Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.

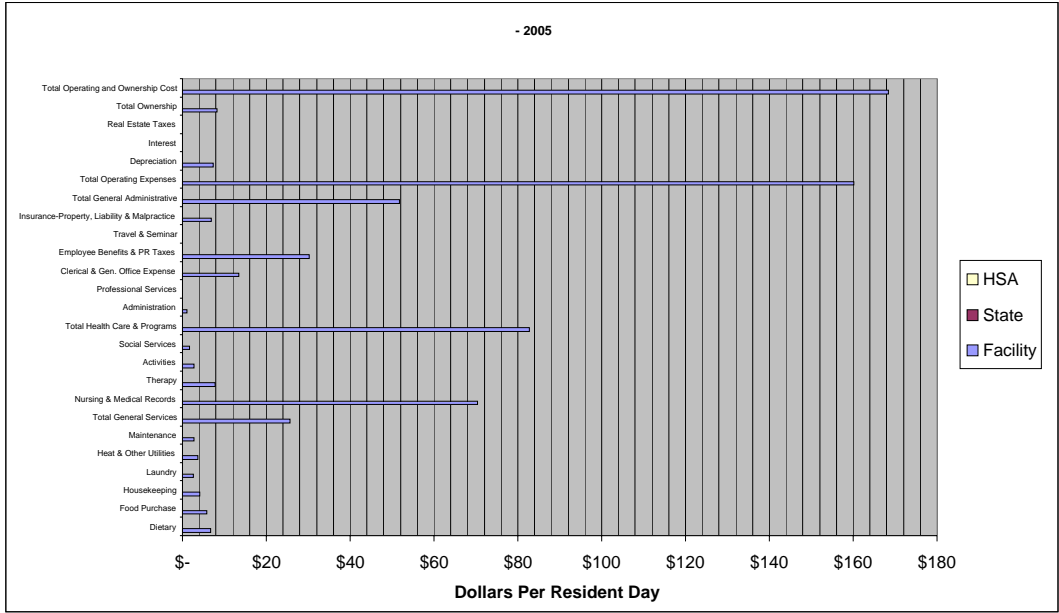


Cost Report Line	Description	2005 Per Diem Your Facility	2004 Median Cost Per Day		2004 Per Diem Your Facility	2004 Median Cost Per Day		2003 Per Diem Your Facility	2003 Median Cost Per Day		2002 Per Diem Your Facility	2002 Median Cost Per Day	
			State	HSA		State	HSA		State	HSA		State	HSA
1	Dietary	6.78	-	-	0.00	-	-	#DIV/0!	6.10	5.70	#DIV/0!	6.01	5.60
2	Food Purchase	5.87	-	-	0.00	-	-	#DIV/0!	4.31	4.11	#DIV/0!	4.27	4.09
3	Housekeeping	4.06	-	-	0.00	-	-	#DIV/0!	3.70	3.61	#DIV/0!	3.65	3.48
4	Laundry	2.52	-	-	0.00	-	-	#DIV/0!	1.85	2.13	#DIV/0!	1.90	2.23
5	Heat & Other Utilities	3.61	-	-	0.00	-	-	#DIV/0!	2.95	2.95	#DIV/0!	2.71	2.73
6	Maintenance	2.75	-	-	0.00	-	-	#DIV/0!	3.01	2.82	#DIV/0!	2.99	2.92
8	Total General Services	25.59	-	-	0.00	-	-	#DIV/0!	22.58	21.73	#DIV/0!	22.09	22.04
10	Nursing & Medical Records	70.41	-	-	0.00	-	-	#DIV/0!	41.83	42.15	#DIV/0!	40.68	41.16
10A	Therapy	7.76	-	-	0.00	-	-	#DIV/0!	2.10	2.24	#DIV/0!	1.85	2.27
11	Activities	2.75	-	-	0.00	-	-	#DIV/0!	1.91	1.54	#DIV/0!	1.88	1.60
12	Social Services	1.65	-	-	0.00	-	-	#DIV/0!	1.42	1.27	#DIV/0!	1.44	1.32
16	Total Health Care & Programs	82.78	-	-	0.00	-	-	#DIV/0!	49.48	49.49	#DIV/0!	47.55	47.76
17	Administration	1.10	-	-	0.00	-	-	#DIV/0!	3.36	3.17	#DIV/0!	3.39	3.54
19	Professional Services	0.00	-	-	0.00	-	-	#DIV/0!	0.99	0.77	#DIV/0!	0.98	0.72
21	Clerical & Gen. Office Expense	13.47	-	-	0.00	-	-	#DIV/0!	4.79	4.25	#DIV/0!	4.58	4.31
22	Employee Benefits & PR Taxes	30.17	-	-	0.00	-	-	#DIV/0!	10.09	9.08	#DIV/0!	9.63	8.44
24	Travel & Seminar	0.07	-	-	0.00	-	-	#DIV/0!	0.08	0.07	#DIV/0!	0.09	0.09
26	Insurance-Property, Liability & Malpractice	6.81	-	-	0.00	-	-	#DIV/0!	2.58	2.61	#DIV/0!	2.19	2.03
28	Total General Administrative	51.78	-	-	0.00	-	-	#DIV/0!	24.94	22.93	#DIV/0!	23.47	21.93
29	Total Operating Expenses	160.15	-	-	0.00	-	-	#DIV/0!	98.06	94.71	#DIV/0!	94.39	91.33
30	Depreciation	7.36	-	-	0.00	-	-	#DIV/0!	3.70	3.38	#DIV/0!	3.53	3.04
32	Interest	0.00	-	-	0.00	-	-	#DIV/0!	2.54	1.50	#DIV/0!	2.73	1.54
33	Real Estate Taxes	0.00	-	-	0.00	-	-	#DIV/0!	1.38	1.11	#DIV/0!	1.30	1.03
37	Total Ownership	8.20	-	-	0.00	-	-	#DIV/0!	11.11	8.39	#DIV/0!	11.44	10.00
	Total Operating and Ownership Cost	168.35	-	-	0.00	-	-	#DIV/0!	103.10	103.10	#DIV/0!	105.83	101.30

Notes:

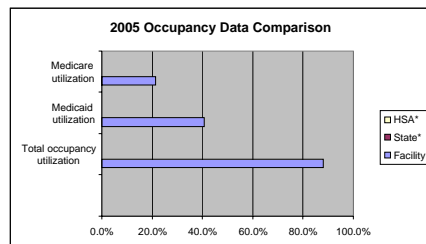
Your Facility data is from page 3, column 8 of each of your respective Medicaid cost reports, divided by the respective annual census.

The 2005, 2004, 2003 & 2002 Median Cost Per Day for the State and your HSA is taken from data available from the Illinois Department of Public Aid and corresponds with the respective cost report data after final adjustments.



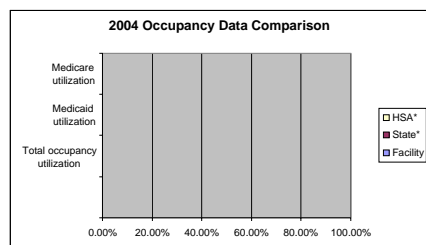
2005

Your Facility	State*	HSA*
Total occupancy utilization	87.93%	0.00%
Medicaid utilization	40.66%	0.00%
Medicare utilization	21.46%	0.00%
Private pay percent utilization	25.73%	N/A
Capacity in Patient Days	108,770	N/A
Census days of service provided	95,645	N/A



2004

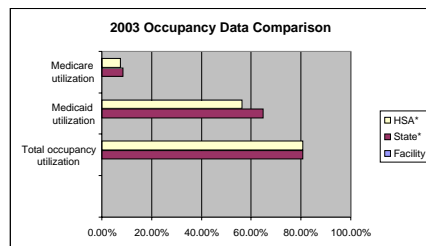
Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	0.00%
Medicaid utilization	#DIV/0!	0.00%
Medicare utilization	#DIV/0!	0.00%
Private pay percent utilization	#DIV/0!	N/A
Capacity in Patient Days	N/A	N/A
Census days of service provided	N/A	N/A



* State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

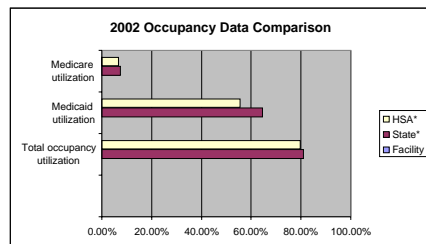
2003

Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.80%
Medicaid utilization	#DIV/0!	64.80%
Medicare utilization	#DIV/0!	8.50%
Private pay percent utilization	#DIV/0!	N/A
Capacity in Patient Days	N/A	N/A
Census days of service provided	N/A	N/A

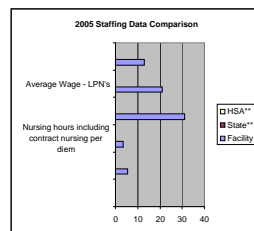


2002

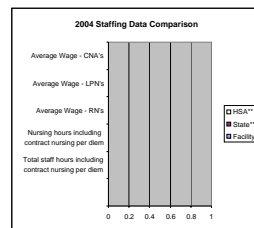
Your Facility	State*	HSA*
Total occupancy utilization	#DIV/0!	80.90%
Medicaid utilization	#DIV/0!	64.50%
Medicare utilization	#DIV/0!	7.40%
Private pay percent utilization	#DIV/0!	N/A
Capacity in Patient Days	N/A	N/A
Census days of service provided	N/A	N/A



2005			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	5.52	0.00	0.00
Nursing hours including contract nursing per diem	3.38	0.00	0.00
Average Wage - RN's	31.17	0.00	0.00
Average Wage - LPN's	21.04	0.00	0.00
Average Wage - CNA's	12.83	0.00	0.00

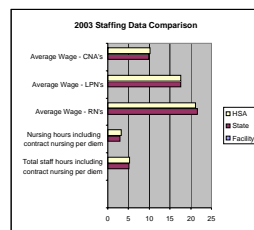


2004			
Your			
Facility	State**	HSA**	
Total staff hours including contract nursing per diem	0.00	0.00	
Nursing hours including contract nursing per diem	0.00	0.00	
Average Wage - RN's	0.00	0.00	
Average Wage - LPN's	0.00	0.00	
Average Wage - CNA's	0.00	0.00	

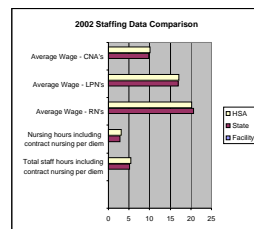


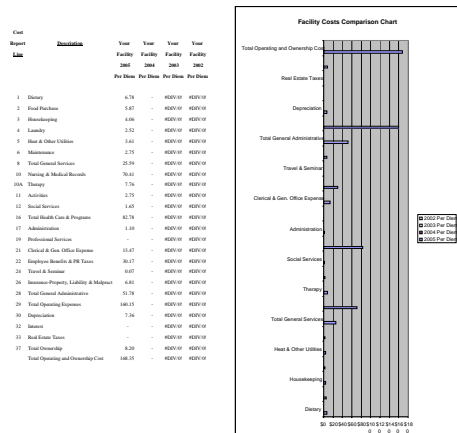
** State and HSA data for 2004 and 2005 is not expected to be available from HFS until March 2006 and 2007 respectively.

2003			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.10	5.30	
Nursing hours including contract nursing per diem	2.90	3.20	
Average Wage - RN's	21.56	21.14	
Average Wage - LPN's	17.64	17.65	
Average Wage - CNA's	9.91	10.11	

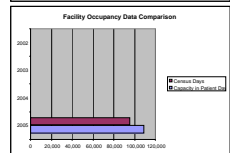
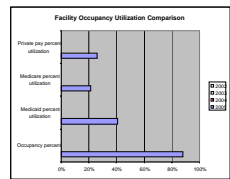


2002			
Your			
Facility	State	HSA	
Total staff hours including contract nursing per diem	5.20	5.50	
Nursing hours including contract nursing per diem	2.80	3.10	
Average Wage - RN's	20.69	20.12	
Average Wage - LPN's	16.89	17.04	
Average Wage - CNA's	9.73	10.05	

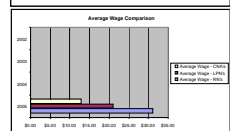
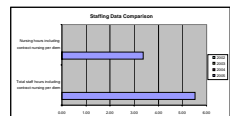




	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Occupancy percent	87.00%	4500.00	4500.00	4500.00
Medicare percent utilization	40.88%	4500.00	4500.00	4500.00
Medicaid percent utilization	21.49%	4500.00	4500.00	4500.00
Private pay percent utilization	38.73%	4500.00	4500.00	4500.00
Capacity in Patient Days	108,770	0	0	0
Census Days	68,446	0	0	0



	Facility 2003	Facility 2004	Facility 2005	Facility 2006
Total staff hours including contract nursing per day	0.00	0.00	0.00	0.00
Nursing hours including contract nursing per day	0.00	0.00	0.00	0.00
Average Wage - BSN	\$1.17	0.00	0.00	0.00
Average Wage - LPN	\$1.04	0.00	0.00	0.00
Average Wage - CNA	12.80	0.00	0.00	0.00



	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	595,024	53,310	0	648,334	0	648,334	0	648,334
2. Food Purchase	0	564,081	0	564,081	0	564,081	-2,473	561,608
3. Housekeeping	348,066	40,176	0	388,242	0	388,242	0	388,242
4. Laundry	210,721	60,571	0	271,292	0	271,292	-30,011	241,281
5. Heat and Other Utilities	0	0	345,184	345,184	0	345,184	0	345,184
6. Maintenance	107,841	28,737	126,701	263,279	0	263,279	0	263,279
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	1,261,652	746,875	471,885	2,480,412	0	2,480,412	-32,484	2,447,928
9. Medical Director	0	0	18,876	18,876	0	18,876	0	18,876
10. Nursing & Medical Records	6,380,968	328,291	17,695	6,726,954	0	6,726,954	7,780	6,734,734
10a. Therapy	671,190	4,553	66,361	742,104	0	742,104	0	742,104
11. Activities	237,102	10,297	15,566	262,965	0	262,965	0	262,965
12. Social Services	157,507	275	300	158,082	0	158,082	0	158,082
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	454	454	0	454	0	454
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	7,446,767	343,416	119,252	7,909,435	0	7,909,435	7,780	7,917,215
17. Administrative	104,741	0	1,300,085	1,404,826	0	1,404,826	-1,300,085	104,741
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	0	0	0	0	0	0
20. Fees, Subscriptions & Promotion	0	0	13,751	13,751	0	13,751	0	13,751
21. Clerical & General Office	298,347	98,773	66,045	463,165	0	463,165	825,633	1,288,798
22. Employee Benefits & Payroll	0	0	2,818,515	2,818,515	0	2,818,515	66,993	2,885,508
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	6,675	6,675	0	6,675	0	6,675
25. Other Admin. Staff Trans	0	0	2,114	2,114	0	2,114	0	2,114
26. Insurance-Prop.Liab.Malpractice	0	0	651,050	651,050	0	651,050	0	651,050
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	403,088	98,773	4,858,235	5,360,096	0	5,360,096	-407,459	4,952,637
29. Total General Administrative	9,111,507	1,189,064	5,449,372	15,749,943	0	15,749,943	-432,163	15,317,780
30. Depreciation	0	0	586,769	586,769	0	586,769	117,334	704,103
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	0	0
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	79,737	79,737	0	79,737	0	79,737
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	666,506	666,506	0	666,506	117,334	783,840
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	1,894,311	62,877	1,957,188	0	1,957,188	0	1,957,188
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	163,155	163,155	0	163,155	0	163,155
43. Other (specify):*	0	0	751	751	0	751	-751	0
44. Total Special Cost Ce	0	1,894,311	226,783	2,121,094	0	2,121,094	-751	2,120,343
45. Grand Total	9,111,507	3,083,375	6,342,661	18,537,543	0	18,537,543	-315,580	18,221,963

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	1,425	1,425
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	2,945,136	2,945,136
4. Supply Inventory	0	0
5. Short-Term Investments	188,717	188,717
6. Prepaid Insurance	7,789	7,789
7. Other Prepaid Expenses	0	0
8. Accounts Receivable-Owner/Related Party	657,047	657,047
9. Other (specify):	0	0
10. Total current assets	3,800,114	3,800,114
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	580,293	580,293
14. Buildings, at Historical Cost	10,110,986	8,009,552
15. Leasehold Improvements, Historical Cost	273,068	3,707,704
16. Equipment, at Historical Cost	4,925,990	2,343,030
17. Accumulated Depreciation (book methods)	-11,242,743	-10,963,890
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	30,812,351	30,812,351
24. Total Long-Term Assets	35,459,945	34,489,040
25. Total Assets	39,260,059	38,289,154
CURRENT LIABILITIES		
26. Accounts Payable	100,213	100,213
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	0	0
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	340,225	340,225
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	440,438	440,438
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	0
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	0	0
46.Total Liabilities	440,438	440,438
47.Total Equity	38,819,621	37,848,716
48.Total Liabilities and Equity	39,260,059	38,289,154

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	17,255,900
2. Discounts and Allowances for all Levels	-6,827,614
Subtotal - Inpatient Care	10,428,286
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	5,374,536
7. Oxygen	119
Subtotal - Ancillary Revenue	5,374,655
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	46,510
14. Non-Patient Meals	2,473
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	2,100,631
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiology and X-Ray	26,949
21. Other Medical Services	516,759
22. Laundry	30,011
Subtotal - Other Operating Revenue	2,723,333
24. Contributions	0
25. Interest and Other Investments Income	1,441,971
Subtotal - Non-Operating Revenue	1,441,971
27. Other Revenue (specify):	0
28. Other Revenue (specify):	7,539
Subtotal - Other Revenue	0
30. Total Revenue	19,975,784
31. General Services	2,480,412
32. Health Care	7,909,435
33. General Administration	5,360,096
34. Ownership	666,506
35. Special Cost Centers	1,957,939
35. Provider Participation Fee	163,155
37. Other	0
40. Total Expenses	18,537,543
41. Income Before Income Taxes	1,438,241
42. Income Taxes	0
43. Net Income or Loss for the Year	1,438,241

Page

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2005 Cost Reports
2005 (Run June 1, 2004)

UN-INFLATED

Cost Report	
Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

Average Wage Data Table

Total staff hours including contract nurses per diem
Nursing hours including contract nurses per diem
RN
LPN
CNA
DON
ADON

2003 - Staffing and Occupancy Data

Average Occupancy
Medicaid Utilization
Medicare Utilization

State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
	1	2	3	4	5	6	7	8	9	10	11	

10th % 90th %

Resurrectio Resurrecti
n Nsg & on Nsg &
Rehab Ctr Rehab Ctr
2005 Costs 2005
Census

Cost Report	
Line	Description
1	Dietary
2	Food Purchase
3	Housekeeping
4	Laundry
5	Heat & Other Utilities
6	Maintenance
8	TOTAL GENERAL SERVICES
10	Nursing & Medical Records
10A	Therapy
11	Activities
12	Social Services
16	TOTAL HEALTH CARE & PROGRAMS
17	Administration
19	Professional Services
21	Clerical & Gen. Office Expense
22	Employee Benefits & PR Taxes
24	Travel & Seminar
26	Insurance-Property, liability & Malpractice
28	TOTAL GENERAL ADMINISTRATIVE
29	TOTAL OPERATING EXPENSES
30	Depreciation
32	Interest
33	Real Estate Taxes
37	TOTAL OWNERSHIP
	TOTAL OPERATING & OWNERSHIP COST

LTC Median Per Diem Cost by HSA - 2004 Cost Reports
2004 (Run June 1, 2004)

UN-INFLATED

[illegible]

Average Wage Data Table

[illegible]

2003 - Staffing and Occupancy Data

[illegible]

Cost Report	Resurrection Nsg & Rehab Ctr 2004 Costs	Resurrection Nsg & Rehab Ctr 2004 Census
<u>Line</u>	<u>Description</u>	
1	Dietary	
2	Food Purchase	
3	Housekeeping	
4	Laundry	
5	Heat & Other Utilities	
6	Maintenance	
8	TOTAL GENERAL SERVICES	
10	Nursing & Medical Records	
10A	Therapy	
11	Activities	
12	Social Services	
16	TOTAL HEALTH CARE & PROGRAMS	
17	Administration	
19	Professional Services	
21	Clerical & Gen. Office Expense	
22	Employee Benefits & PR Taxes	
24	Travel & Seminar	
26	Insurance-Property, liability & Malpractice	
28	TOTAL GENERAL ADMINISTRATIVE	
29	TOTAL OPERATING EXPENSES	
30	Depreciation	
32	Interest	
33	Real Estate Taxes	
37	TOTAL OWNERSHIP	
	TOTAL OPERATING & OWNERSHIP COST	

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2003 Cost Reports
2003 (Run June 1, 2004)

UN-INFLATED

Cost Report	Description	State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	10th %	90th %
Line			1	2	3	4	5	6	7	8	9	10		
1	Dietary	6.10	7.02	6.48	5.50	6.48	5.48	6.06	6.06	6.06	5.60	7.02	4.13	9.81
2	Food Purchase	4.31	4.47	4.40	4.27	4.40	3.99	4.31	4.31	4.31	4.28	4.47	3.36	6.04
3	Housekeeping	3.70	3.59	3.68	2.91	3.68	3.40	4.05	4.05	4.05	3.97	3.59	2.48	5.80
4	Laundry	1.85	2.23	1.90	1.79	1.90	2.10	1.59	1.59	1.59	1.69	2.23	0.91	3.14
5	Heat & Other Utilities	2.95	3.17	2.93	2.94	2.93	2.71	2.93	2.93	2.93	2.91	3.17	2.05	4.25
6	Maintenance	3.01	3.26	3.03	2.99	3.03	2.55	3.21	3.21	3.21	3.05	3.26	1.92	5.12
8	TOTAL GENERAL SERVICES	22.58	24.49	22.99	21.14	22.99	21.47	22.65	22.65	22.65	22.45	24.49	17.57	31.51
10	Nursing & Medical Records	41.83	42.52	43.12	38.37	43.12	33.78	45.12	45.12	45.12	47.22	42.52	27.25	64.47
10A	Therapy	2.10	1.86	2.69	3.34	2.69	3.47	1.45	1.45	1.45	2.41	1.86	-	10.55
11	Activities	1.91	2.18	1.92	1.61	1.92	1.48	2.16	2.16	2.16	2.05	2.18	1.06	3.45
12	Social Services	1.42	1.45	1.64	1.05	1.64	1.09	1.60	1.60	1.60	1.12	1.45	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	49.48	50.39	51.22	46.39	51.22	41.58	52.34	52.34	52.34	54.96	50.39	32.10	77.23
17	Administration	3.36	3.33	3.15	3.15	3.15	3.60	3.46	3.46	3.46	3.04	3.33	1.71	7.21
19	Professional Services	0.99	1.09	0.85	0.83	0.85	0.76	1.12	1.12	1.12	1.13	1.09	0.07	3.44
21	Clerical & Gen. Office Expense	4.79	4.32	4.97	3.98	4.97	3.46	5.56	5.56	5.56	5.04	4.32	2.49	10.78
22	Employee Benefits & PR Taxes	10.09	10.42	11.01	8.88	11.01	7.67	10.51	10.51	10.51	11.38	10.42	6.33	19.34
24	Travel & Seminar	0.08	0.10	0.13	0.10	0.13	0.13	0.06	0.06	0.06	0.05	0.10	-	0.43
26	Insurance-Property, liability & Malpractice	2.58	2.47	2.55	2.35	2.55	2.22	2.85	2.85	2.85	2.19	2.47	0.88	4.32
28	TOTAL GENERAL ADMINISTRATIVE	24.94	25.31	26.11	23.02	26.11	21.37	25.81	25.81	25.81	26.59	25.31	16.95	39.14
29	TOTAL OPERATING EXPENSES	98.06	100.77	100.03	92.47	100.03	88.05	100.96	100.96	100.96	103.01	100.77	69.40	142.56
30	Depreciation	3.70	3.82	4.08	3.29	4.08	2.54	4.11	4.11	4.11	3.54	3.82	1.01	8.43
32	Interest	2.54	2.81	1.96	2.09	1.96	1.41	4.05	4.05	4.05	2.63	2.81	-	11.53
33	Real Estate Taxes	1.38	0.92	1.08	0.82	1.08	0.80	3.20	3.20	3.20	1.36	0.92	-	4.85
37	TOTAL OWNERSHIP	11.11	9.73	9.80	8.00	9.80	7.04	14.54	14.54	14.54	11.02	9.73	3.76	23.58
	TOTAL OPERATING & OWNERSHIP COST	109.17	110.50	109.83	100.47	109.83	95.09	115.50	115.50	115.50	114.03	110.50	73.16	166.14

Resurrection Nsg & Rehab Ctr
Resurrection Nsg & Rehab Ctr
2003 Costs
2003 Census

Cost Report	Description	Line
1	Dietary	
2	Food Purchase	
3	Housekeeping	
4	Laundry	
5	Heat & Other Utilities	
6	Maintenance	
8	TOTAL GENERAL SERVICES	
10	Nursing & Medical Records	
10A	Therapy	
11	Activities	
12	Social Services	
16	TOTAL HEALTH CARE & PROGRAMS	
17	Administration	
19	Professional Services	
21	Clerical & Gen. Office Expense	
22	Employee Benefits & PR Taxes	
24	Travel & Seminar	
26	Insurance-Property, liability & Malpractice	
28	TOTAL GENERAL ADMINISTRATIVE	
29	TOTAL OPERATING EXPENSES	
30	Depreciation	
32	Interest	
33	Real Estate Taxes	
37	TOTAL OWNERSHIP	
	TOTAL OPERATING & OWNERSHIP COST	

Average Wage Data Table

State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
	1	2	3	4	5	6	7	8	9	10	11
Total staff hours including contract nurses per diem	5.10	5.30	5.30	5.00	5.30	5.10	4.90	4.90	4.90	5.10	5.30
Nursing hours including contract nurses per diem	2.90	3.20	3.10	3.10	3.10	3.00	2.70	2.70	3.00	3.20	3.10
RN	21.56	21.14	19.99	18.79	19.99	16.66	24.55	24.55	22.85	21.14	20.33
LPN	17.64	17.65	16.41	14.79	16.41	13.36	20.23	20.23	18.67	17.65	16.45
CNA	9.91	10.11	9.89	9.19	9.89	8.28	10.44	10.44	10.54	10.11	9.76
DON	27.82	26.67	24.49	23.07	24.49	20.82	33.29	33.29	29.65	26.67	24.62
ADON	24.39	22.67	21.12	19.67	21.12	18.73	27.45	27.45	26.14	22.67	22.50

2003 - Staffing and Occupancy Data

State-Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
	1	2	3	4	5	6	7	8	9	10	11
Average Occupancy	80.80%	80.80%	80.60%	79.90%	80.60%	75.20%	82.00%	82.00%	81.60%	80.80%	77.30%
Medicaid Utilization	64.80%	56.40%	57.70%	59.60%	57.70%	62.80%	70.00%	70.00%	70.00%	64.30%	59.30%
Medicare Utilization	8.50%	7.50%	7.50%	7.70%	7.50%	8.70%	9.10%	9.10%	9.10%	9.30%	8.00%

IDPA LTC Profiles
LTC Median Per Diem Cost by HSA - 2002 Cost Reports
2002 (Run June 1, 2004)

UN-INFLATED

Report		State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA		
Line	Description	1	2	3	4	5	6	7	8	9	10	11	10th %	90th %
1	Dietary	6.01	7.28	6.51	5.36	6.51	5.48	5.92	5.92	5.83	7.28	5.60	4.17	9.77
2	Food Purchase	4.27	4.52	4.40	4.15	4.40	3.99	4.31	4.31	4.31	4.11	4.52	3.29	5.90
3	Housekeeping	3.65	3.84	3.56	3.05	3.56	3.25	4.13	4.13	4.13	3.89	3.84	2.51	5.63
4	Laundry	1.90	2.15	2.01	1.72	2.01	2.09	1.67	1.67	1.67	1.58	2.15	1.10	3.13
5	Heat & Other Utilities	2.71	2.84	2.76	2.75	2.76	2.54	2.67	2.67	2.67	2.72	2.84	2.73	4.03
6	Maintenance	2.99	3.41	2.96	2.91	2.96	2.48	3.16	3.16	3.16	2.90	3.41	2.92	5.11
8	TOTAL GENERAL SERVICES	22.09	24.39	22.49	20.85	22.49	20.47	22.71	22.71	22.66	24.39	22.04	17.19	30.80
10	Nursing & Medical Records	40.68	42.79	42.10	37.44	42.10	33.35	43.96	43.96	43.96	43.84	42.79	41.16	62.04
10A	Therapy	1.85	1.90	2.38	2.86	2.38	1.81	1.54	1.54	3.02	1.90	2.27	-	10.03
11	Activities	1.88	2.12	1.89	1.50	1.89	1.37	2.23	2.23	2.23	2.10	2.12	1.60	3.39
12	Social Services	1.44	1.46	1.50	1.08	1.50	1.13	1.61	1.61	1.61	1.32	1.46	1.32	3.00
16	TOTAL HEALTH CARE & PROGRAMS	47.55	50.19	49.32	44.36	49.32	39.56	50.57	50.57	50.57	52.75	50.19	47.76	74.79
17	Administration	3.39	3.49	3.30	3.27	3.30	3.61	3.39	3.39	3.39	3.20	3.49	3.54	6.84
19	Professional Services	0.98	1.00	0.76	0.88	0.76	0.98	1.05	1.05	1.05	1.19	1.00	0.72	2.93
21	Clerical & Gen. Office Expense	4.58	4.07	4.40	3.67	4.40	3.47	5.75	5.75	5.75	4.19	4.07	4.31	10.72
22	Employee Benefits & PR Taxes	9.63	10.11	10.26	8.28	10.26	7.80	10.26	10.26	10.26	9.30	10.11	8.44	17.51
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.16	0.06	0.06	0.06	0.03	0.12	0.09	0.37
26	Insurance-Property, liability & Malpractice	2.19	1.93	1.97	1.87	1.97	2.00	2.46	2.46	2.46	2.40	1.93	2.03	3.92
28	TOTAL GENERAL ADMINISTRATIVE	23.47	23.64	24.80	21.32	24.80	20.28	25.17	25.17	25.17	23.10	23.64	21.93	36.02
29	TOTAL OPERATING EXPENSES	94.39	99.26	97.46	85.50	97.46	82.47	99.35	99.35	99.35	97.86	99.26	91.33	138.58
30	Depreciation	3.53	3.13	3.86	3.26	3.86	2.41	4.18	4.18	4.18	3.94	3.13	3.04	8.09
32	Interest	2.73	2.84	2.05	2.60	2.05	1.55	4.55	4.55	4.55	2.14	2.84	1.54	5.05
33	Real Estate Taxes	1.30	0.77	0.88	0.93	0.88	0.72	3.17	3.17	3.17	1.29	0.77	1.03	12.86
37	TOTAL OWNERSHIP	11.44	9.19	9.85	8.76	9.85	6.52	15.35	15.35	15.35	11.40	9.19	10.00	24.50
	TOTAL OPERATING & OWNERSHIP COST	105.83	108.45	107.31	94.26	107.31	88.99	114.70	114.70	114.70	109.26	108.45	101.30	163.08

Cost Report														
Line	Description													
1	Dietary	6.01	7.28	6.51	5.36	6.51	5.48	5.92	5.92	5.83	7.28	5.60	4.17	9.77
2	Food Purchase	4.27	4.52	4.40	4.15	4.40	3.99	4.31	4.31	4.31	4.11	4.52	3.29	5.90
3	Housekeeping	3.65	3.84	3.56	3.05	3.56	3.25	4.13	4.13	4.13	3.89	3.84	2.51	5.63
4	Laundry	1.90	2.15	2.01	1.72	2.01	2.09	1.67	1.67	1.58	2.15	2.23	1.10	3.13
5	Heat & Other Utilities	2.71	2.84	2.76	2.75	2.76	2.54	2.67	2.67	2.72	2.84	2.73	1.89	4.03
6	Maintenance	2.99	3.41	2.96	2.91	2.96	2.48	3.16	3.16	2.90	3.41	2.92	1.95	5.11
8	TOTAL GENERAL SERVICES	22.09	24.39	22.49	20.85	22.49	20.47	22.71	22.71	22.66	24.39	22.04	17.19	30.80
10	Nursing & Medical Records	40.68	42.79	42.10	37.44	42.10	33.35	43.96	43.96	43.84	42.79	41.16	26.11	62.04
10A	Therapy	1.85	1.90	2.38	2.86	2.38	1.81	1.54	1.54	3.02	1.90	2.27	-	10.03
11	Activities	1.88	2.12	1.89	1.50	1.89	1.37	2.23	2.23	2.10	2.12	1.60	1.13	3.39
12	Social Services	1.44	1.46	1.50	1.08	1.50	1.13	1.61	1.61	1.32	1.46	1.32	0.58	3.00
16	TOTAL HEALTH CARE & PROGRAMS	47.55	50.19	49.32	44.36	49.32	39.56	50.57	50.57	52.75	50.19	47.76	31.31	74.79
17	Administration	3.39	3.49	3.30	3.27	3.30	3.61	3.39	3.39	3.20	3.49	3.54	1.65	6.84
19	Professional Services	0.98	1.00	0.76	0.88	0.76	0.98	1.05	1.05	1.05	1.19	1.00	0.07	2.93
21	Clerical & Gen. Office Expense	4.58	4.07	4.40	3.67	4.40	3.47	5.75	5.75	5.75	4.19	4.07	2.36	10.72
22	Employee Benefits & PR Taxes	9.63	10.11	10.26	8.28	10.26	7.80	10.26	10.26	9.30	10.11	8.44	6.22	17.51
24	Travel & Seminar	0.09	0.12	0.10	0.09	0.10	0.16	0.06	0.06	0.03	0.12	0.09	-	0.37
26	Insurance-Property, liability & Malpractice	2.19	1.93	1.97	1.87	1.97	2.00	2.46	2.46	2.40	1.93	2.03	0.83	3.92
28	TOTAL GENERAL ADMINISTRATIVE	23.47	23.64	24.80	21.32	24.80	20.28	25.17	25.17	23.10	23.64	21.93	16.13	36.02
29	TOTAL OPERATING EXPENSES	94.39	99.26	97.46	85.50	97.46	82.47	99.35	99.35	97.86	99.26	91.33	67.15	138.58
30	Depreciation	3.53	3.13	3.86	3.26	3.86	2.41	4.18	4.18	3.94	3.13	3.04	0.73	8.09
32	Interest	2.73	2.84	2.05	2.60	2.05	1.55	4.55	4.55	2.14	2.84	1.54	-	12.86
33	Real Estate Taxes	1.30	0.77	0.88	0.93	0.88	0.72	3.17	3.17	1.29	0.77	1.03	-	5.05
37	TOTAL OWNERSHIP	11.44	9.19	9.85	8.76	9.85	6.52	15.35	15.35	11.40	9.19	10.00	3.55	24.50
	TOTAL OPERATING & OWNERSHIP COST	105.83	108.45	107.31	94.26	107.31	88.99	114.70	114.70	109.26	108.45	101.30	70.70	163.08

2002 - Average Wage Data Table

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
Line	1	2	3	4	5	6	7	8	9	10	11
Total staff hours including contract nursing per diem	5.20	5.50	5.40	5.00	5.40	5.10	5.00	5.00	4.90	5.50	5.30
Nursing hours including contract nurses per diem	2.80	3.10	3.10	3.00	3.10	2.90	2.60	2.60	2.60	3.10	3.00
RN	20.69	20.12	19.18	18.37	19.18	16.06	23.49	23.49	23.49	21.31	19.45
LPN	16.89	17.04	15.72	14.33	15.72	12.75	19.39	19.39	19.39	17.96	15.69
CNA	9.73	10.05	9.65	9.09	9.65	8.08	10.28	10.28	10.28	10.39	9.62
DON	26.38	24.75	22.98	22.48	22.98	20.02	31.78	31.78	31.78	28.86	23.68
ADON	23.27	21.44	20.51	18.93	20.51	17.26	26.34	26.34	26.34	24.33	21.27

2002 - Staffing and Occupancy Data

State- Wide	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
Line	1	2	3	4	5	6	7	8	9	10	11
Average Occupancy	80.90%	79.60%	81.90%	80.30%	81.90%	75.30%	82.20%	82.20%	82.20%	79.60%	76.60%
Medicaid Utilization	64.50%	55.50%	56.10%	58.50%	56.10%	63.30%	69.90%	69.90%	69.90%	66.70%	60.90%
Medicare Utilization	7.40%	6.80%	7.20%	6.10%	7.20%	7.40%	7.70%	7.70%	7.70%	8.20%	7.00%